

**LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**SOLID WASTE ANNUAL REPORT FOR TYPE III FACILITIES**  
**SEPARATION AND COMPOSTING FACILITIES**  
**(To Complete Please Refer to the Detailed Instructions)**

1. Site Identification Number \_\_\_\_\_
2. Permit Number \_\_\_\_\_
3. Agency Interest Number \_\_\_\_\_
4. Name of Permit Holder \_\_\_\_\_
5. Name of Facility \_\_\_\_\_
6. Mailing Address \_\_\_\_\_ Parish \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Latitude \_\_\_\_°-\_\_\_\_'-\_\_\_\_" Longitude \_\_\_\_°-\_\_\_\_'-\_\_\_\_" Datum (circle one) NAD83 WGS84
7. Contact \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_
8. Type of Facility: ☐ Composting Facility ☐ Separation Facility
9. SUMMARY OF SOLID WASTE RECEIVED:

**ALL QUANTITIES ARE TO BE SHOWN IN WET-WEIGHT TONS**

(A)Waste Number	(B)Quantity of Waste Received	(C)Quantity Re-used or Recycled	(D)Quantity Shipped Off-Site for Processing/Disposal	(E) Disposer/Processor ID Number	(F) Transporter Number
TOTAL:					
(G) Quantity of Waste Received (In-State)					
(H) Quantity of Waste Received (Out-of-State)					

This report is to be submitted to the Office of Environmental Services (address below) no later than **August 1** following the end of each reporting year. Failure to submit this report on or before August 1 following the end of each reporting year is a violation of your permit and LAC 33:VII.Subpart 1, and may result in enforcement action by the Department under the authority granted by the Louisiana Environmental Quality Act (the Act), La. R.S. 30:2001, et seq., and particularly by La. R.S. 30:2025(C), 30:2050.2 and 30:2050.3(B). The Department reserves the right to seek civil penalties in any manner allowed by law for each violation. Note: Submittal of an incomplete report or a report containing false or inaccurate information may also be considered a violation of your permit and LAC 33:VII.Subpart 1.

Waste Permits Division  
Attn: SW Reports  
P. O. Box 4313  
Baton Rouge, LA 70821-4313

Site Identification Number \_\_\_\_\_

Permit Number \_\_\_\_\_

## 10. SUMMARY OF PRODUCT USE: COPY THIS FORM AS NECESSARY

Quantity of Material Shipped Off-Site Recycle                      Re-Use			Persons Receiving Material Shipped Off-Site for Reuse/Recycling	
			Name:	
			Address:	
			Contact Person:	Telephone:
			Received for: <input type="checkbox"/> Reuse <input type="checkbox"/> Recycling	
Quantity of Material Shipped Off-Site Recycle                      Re-Use			Persons Receiving Material Shipped Off-Site for Reuse/Recycling	
			Name:	
			Address:	
			Contact Person:	Telephone:
			Received for: <input type="checkbox"/> Reuse <input type="checkbox"/> Recycling	
Quantity of Material Shipped Off-Site Recycle                      Re-Use			Persons Receiving Material Shipped Off-Site for Reuse/Recycling	
			Name:	
			Address:	
			Contact Person:	Telephone:
			Received for: <input type="checkbox"/> Reuse <input type="checkbox"/> Recycling	
Quantity of Material Shipped Off-Site Recycle                      Re-Use			Persons Receiving Material Shipped Off-Site for Reuse/Recycling	
			Name:	
			Address:	
			Contact Person:	Telephone:
			Received for: <input type="checkbox"/> Reuse <input type="checkbox"/> Recycling	
Quantity of Material Shipped Off-Site Recycle                      Re-Use			Persons Receiving Material Shipped Off-Site for Reuse/Recycling	
			Name:	
			Address:	
			Contact Person:	Telephone:
			Received for: <input type="checkbox"/> Reuse <input type="checkbox"/> Recycling	
Quantity of Material Shipped Off-Site Recycle                      Re-Use			Persons Receiving Material Shipped Off-Site for Reuse/Recycling	
			Name:	
			Address:	
			Contact Person:	Telephone:
			Received for: <input type="checkbox"/> Reuse <input type="checkbox"/> Recycling	

July 1, \_\_\_\_\_ thru June 30, \_\_\_\_\_

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Site Identification Number \_\_\_\_\_

Permit Number \_\_\_\_\_

11. This section must be completed only by Separation Facilities:  
What percentage of the total waste stream received by the facility has been reduced?
12. Provide all calculations used to compute the quantity (expressed in wet-weight tons) of solid waste received and shipped off-site.
13. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and based on my inquiry of those individuals immediately responsible for obtaining the information; I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Title \_\_\_\_\_  
(Print or type the name and title of the person signing the form)

**DETAILED INSTRUCTIONS FOR THE ANNUAL REPORT FOR TYPE III FACILITIES**

The annual report for Type III, separation and composting, facilities covers activities for the period beginning July 1st and ending June 30th of each year. This report shall be submitted by August 1st following the end of each reporting year.

**Note:** This version of the form should be completed. Please do not edit, revise, or otherwise alter this form. Do not submit your own variation of this form. Any incorrect forms submitted will be considered incomplete and returned to the facility. All of the following information must be included. If any section is left blank, then the report will be considered incomplete and may be returned to the facility. Questions regarding the form may be directed to the Waste Permits Division at 225-219-3388.

1. Site Identification Number: Indicate the identification number that has been assigned to the site by the Administrative Authority. Also, enter the year in which the report applies.
2. Permit Number: Enter the permit number for the facility in which this report applies. Each individual permitted facility is to be reported on a separate form.
3. Agency Interest Number: Indicate the identification number that has been assigned to the site by the Administrative Authority.
4. Name of Permit Holder: Enter the name in which the permit has been issued.
5. Name of Facility: Enter the name of the facility for which this report applies.
6. Mailing Address: Enter the mailing address for the facility, and the parish location.
7. Contact: Enter the name of the person knowledgeable of the information submitted on the report and his/her telephone number.
8. Type of Facility: Place a check by the type(s) of facility(ies) being reported.
9. Summary of Solid Waste received: Amounts expressed in this report must be done so in wet-weight tons/year. No other methods of reporting will be accepted.

- (A) Waste Number: Enter the two-digit number that applies.

01	Residential	08	Underground Storage Tank Corrective Action Waste
02	Commercial	09	Agricultural Waste
03	Trash	10	Stable
04	Woodwastes	11	Infectious Waste
05	Const/Demolition Debris	12	Friable Asbestos
06	Incinerator	13	Other, also specify name
07	Domestic Sewage Sludge		

- (B) Quantity of Waste Received: Enter amounts of waste received. Total all wastes received and enter the total at the bottom of the column.
- (C) Quantity Re-used or Recycled: Enter the quantity of wastes received that were re-used or recycled.
- (D) Quantity Disposed: Enter amount of waste disposed off-site.
- (E) Disposer/Processor ID Number: Enter the identification number of the disposer/processor that received the waste shipped off-site.
- (F) Transporter ID Number: Enter the solid waste identification number of the transporter that transported the waste off-site.
- (G) Quantity of Waste In-State: Enter the amount of waste received at the facility that came from in-state sources.
- (H) Quantity of Waste Out-of-State: Enter the amount of waste received at the facility that came from out-of-state sources.
10. Summary of Product Use: Enter the amount (wet-weight tons) of material shipped off-site for recycling/re-use.

- (A) Enter the number that applies.

<u>SEPARATION FACILITIES</u>		<u>COMPOSTING FACILITIES</u>	
01-A	Glass	M1	Class M1 Compost
01-B	Metals	M2	Class MC Compost
01-C	Paper	S1	Class S1 Compost
01-D	Plastic	S2	Class S2 Compost
01-E	White Goods	YW	Class YW Compost
01-F	Batteries		
01-G	Waste Oil		
01-H	Other, Specify		

- (B) Indicate if the material was shipped off-site for reuse or recycling. Check appropriate box.
- (C) Enter the name of the person receiving the material for reuse, recycling or resale. Also, enter the mailing address, telephone number and the name of a contact person.
11. This section applies only to separation facilities. Indicate what percentage of the total waste stream received by the facility has been reduced.
12. Provide all calculations used to compute the quantity of solid waste received at the facility and shipped off site.
13. Certification for Signature: The facility's legally authorized representative for the site operations should sign the form. Print or type the date, the name and the title of the person signing the form.